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ABSTRACT

Briefly described are educational and medical clinical services and evaluation procedures for hearing impaired, visually impaired, and deaf-blind children in Ohio. The services are said to assess individual student needs and to facilitate educational placement and programing in special education classes or at state schools for the blind or the deaf. Included are sample referral forms for deaf-blind, hearing impaired, and visually impaired children as well as a policy statement regarding student suspension and dismissal from state schools. (LH)

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

ED105689

CLINICAL SERVICES

HEARING IMPAIRED
VISUALLY IMPAIRED
DEAF-BLIND
(MULTI-HANDICAPPED)

State of Ohio

Department of Education

1974

EC072316

CLINICAL SERVICES

HEARING IMPAIRED
VISUALLY IMPAIRED
DEAF-BLIND
(MULTI-HANDICAPPED)

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Columbus, Ohio 43215

1974

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AUTHORIZATION

By action of the State Board of Education September 12, 1960, a policy was adopted establishing educational clinic teams for evaluating hearing impaired, visually impaired and deaf-blind children. Also constituted as part of this service was a committee to review the reports prepared for each child evaluated in these clinics. The policy further specified that the recommendations of the Review Committee would be submitted to the Superintendent of Public Instruction for appropriate action. These new clinical procedures became operational in September, 1960.

EDUCATIONAL CLINICS

Educational Clinics for hearing impaired, visually impaired and deaf-blind children are maintained cooperatively by the Division of Special Education, the Ohio State School for the Blind, and the Ohio School for the Deaf. These clinics are each held monthly in the hospital area of the Ohio School for the Deaf, 500 Morse Road, located in the northern section of Columbus, quite near Interstate 71. Educational, psychological and communication evaluations are completed at the Educational Clinic without charge. Other special areas of investigation may be included when deemed necessary to complete the evaluation. A case history is taken by one of the members of the Educational Clinic Team during an interview with the parents while the child's evaluations are being completed.

On the day of the clinic appointment, following the evaluations and the subsequent staffing by members of the Clinic Team, a counselling session is provided for the parents of each child. Since the function of the Educational Clinic Team is one of fact finding rather than decision making, exact educational recommendations cannot be made at that time. However, the audiological, educational and psychological evaluations are reviewed in detail with the parents, and opportunities are provided for them to ask questions and to discuss the interpretation of the information provided.

Following the examination of the child, prepared reports from the members of the Educational Clinic Team are transmitted to a Review Committee consisting of three members appointed by the State Board of Education. Membership on this committee consists of the Director of Special Education, the Superintendent of the Ohio State School for the Blind or the Superintendent of the Ohio School for the Deaf, and one member appointed by the Superintendent of Public Instruction. The committee reviews each case individually and makes recommendations to the office of the Assistant Superintendent

of Public Instruction on the basis of the child's educational needs, the availability of suitable programs in the state, and preference of the child's parents relative to educational placement. These recommendations are then sent from the office of the Assistant Superintendent of Public Instruction to the superintendent of the child's local school district who made the initial referral. The local superintendent, or the person to whom the authority for school placement is relegated, then has the responsibility for notifying the parents and all members of the school staff involved in programming the child of the clinic findings and the recommendations of the Review Committee.

Clinic appointments are made only upon request from the superintendent of the school district in which the child resides. Forms utilized in making application for these services are: SE 2.2 "Referral of Hearing Impaired Child," SE 5.0-2 "Referral of Visually Impaired Child," or SE D-B "Referral of a Deaf-Blind (Multi-Handicapped) Child." (See attached sample copies -- pp.7-13.)

It is necessary for the Eye Examination Report (reverse side of SE 5.0-2 and the attachment to SE D-B) to be completed by an eye specialist and for the Otologist's Report (reverse side of SE 2.2 and the reverse side of page 1 of SE D-B) to be completed by the appropriate medical personnel before submitting the referral forms to the Division of Special Education.

The applications are processed and the clinic schedules prepared by a clinic coordinator at the Division of Special Education. Appointment notices are sent approximately two weeks prior to the appointment date to the superintendent of the school district making the referral. A Columbus area map with the clinic site indicated is also provided, which should assist the driver in locating the school where the evaluations will be completed.

MEDICAL CLINIC

Children may, at the discretion of the Review Committee, be referred for further examination and study to the Medical Clinic Team when the past history, the nature of the case, or the findings of the Educational Clinic Team indicate that additional information of a medical nature is necessary. A pediatrician, an ophthalmologist, an otolaryngologist, and a neurologist constitute the Medical Clinic Team. The services of these medical consultants are provided through the cooperation of the Ohio Department of Health. This clinic is held monthly during the school year, in the hospital of the Ohio School for the Deaf.

If a medical regimen is prescribed, one of the members of the Medical Clinic Team prepares a brief preliminary report including diagnosis and recommendations, which is sent immediately to the family physician. After individual reports have been submitted by each member of the Medical Clinic Team, a composite report is prepared for each child and transmitted back to the Review Committee. Any further suggestions resulting from this medical evaluation will be sent in a written report, including a summary of the Medical Clinic findings and recommendations, to the local superintendent. Copies of the findings of both the Educational Clinic and the Medical Clinic are also forwarded to the family physician or to the doctor who will be responsible for implementing the recommendations of the Medical Clinic Team. All children referred to the Medical Clinic Team must have been evaluated initially by the appropriate Educational Clinic Team.

POPULATION SERVED

1. According to policies adopted by the State Board of Education in 1960, children to be considered for admission to either the Ohio State School for the Blind or to the Ohio School for the Deaf must be evaluated by the Educational Clinic Team.

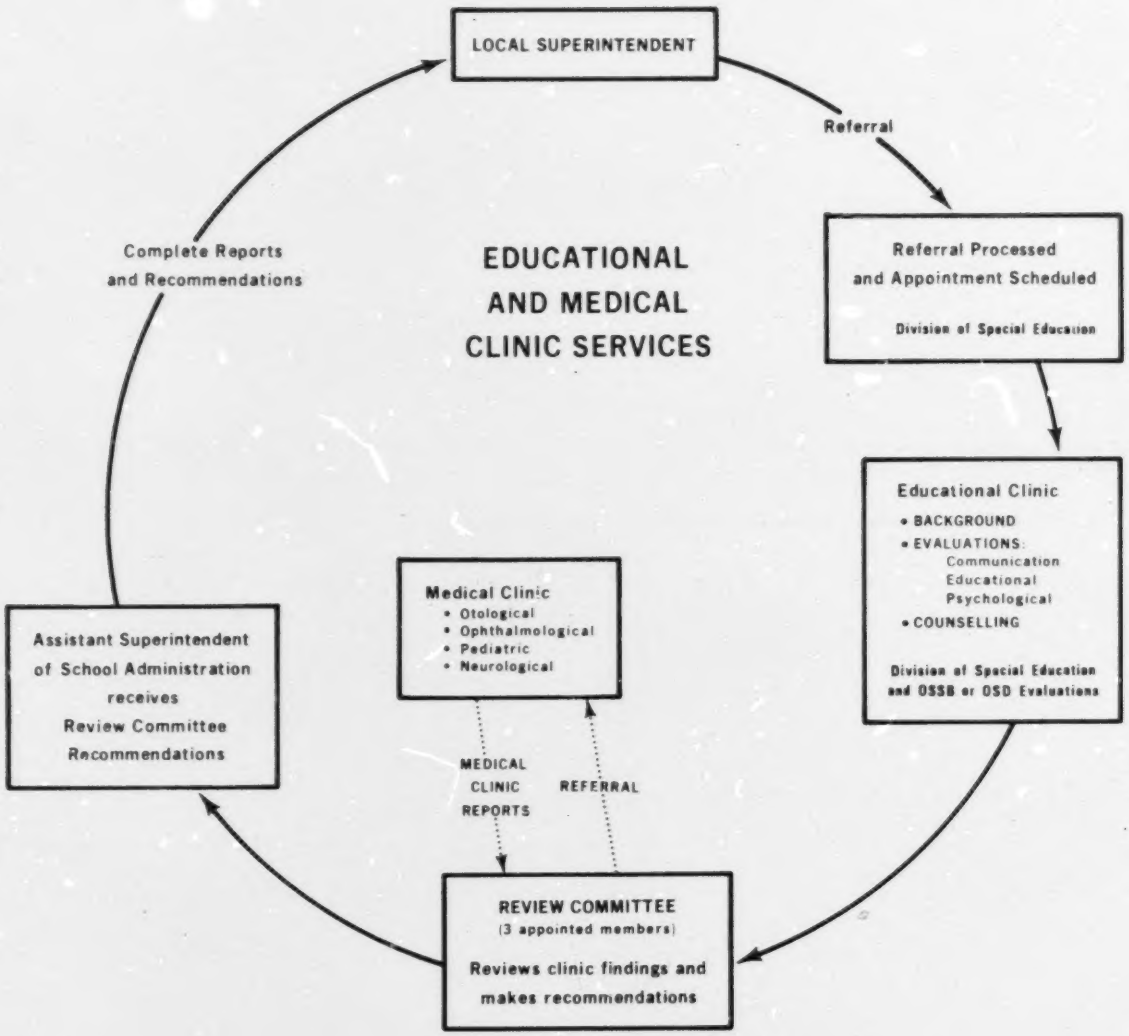
2. Any deaf-blind child who is a legal resident of the State of Ohio may be referred for evaluation and programming recommendations. The term deaf-blind is defined nationally as a combination of auditory and visual impairments which cause such severe communication and other developmental and educational problems that the child cannot properly be accommodated in special educational programs either for the hearing handicapped child or for the visually handicapped child.

3. Students already enrolled in special education classes for hearing impaired, visually impaired, or deaf-blind children may be referred for evaluation by the Educational Clinic Team if the local school authorities conclude that a study of this nature is warranted.

4. Personnel in local school districts who are responsible for school placement for children and who may or may not maintain classes in different areas of special education may request these clinical services to assist them in placement decisions for a child who has a severe visual or communication impairment or who is deaf-blind (multi-handicapped).

CONTACT PERSONS

Persons seeking information concerning any aspect of the above described services should direct their request to either the Clinic Coordinator or the Chief of the Section for Physically Handicapped, both of whom are located at the Division of Special Education, 933 High Street, Worthington, Ohio 43085; phone (area code 614) 466-2652.


LOCAL SUPERINTENDENT
Referral
Referral Processed and Appointment Scheduled
Division of Special Education
Educational Clinic
• BACKGROUND
• EVALUATIONS:
Communication
Educational
Psychological
• COUNSELLING
Division of Special Education and OSSB or OSD Evaluations
Medical Clinic
• Otological
• Ophthalmological
• Pediatric
• Neurological
MEDICAL CLINIC REPORTS
REFERRAL
REVIEW COMMITTEE
(3 appointed members)
Reviews clinic findings and makes recommendations
Assistant Superintendent of School Administration receives Review Committee Recommendations
Complete Reports and Recommendations
EDUCATIONAL AND MEDICAL CLINIC SERVICES

Submit in Duplicate

Form SE 2.2
(Rev. 7/74)

ATTENTION:
CLINIC COORDINATOR

Ohio Department of Education
DIVISION OF SPECIAL EDUCATION
933 High Street, Worthington, Ohio 43085

REFERRAL OF HEARING IMPAIRED CHILD

From: _____
(Name of referring local school district) (County)

_____
(Mailing Address)

I. Identifying Data

A. Child's Name _____
Last First Middle

B. Sex _____ Birthdate _____ Age _____
Year Month

C. Parents Name _____
Father Mother

D. Mailing Address _____

E. Telephone _____ Date Referred _____

II. Educational History

A. SCHOOLS ATTENDED	DATE	GRADES	TYPE OF SPECIAL PROGRAM

B. If child is not in school now give reasons:

_____

C. Standardized group test results:

Mental Ability	Achievement
Test _____	Test _____
Date _____	Date _____
Results _____	Results _____

III. Previous Studies:

Please attach copies of any previous studies completed.
If child is presently in an educational program, please attach a brief report from the child's present teacher(s) with comments concerning communication skills, and general behavior exhibited by the child.

IV. Purpose of Referral: _____

_____

V. Signature of Superintendent or Designated Representative:

_____ _____ _____
Date Title Signature

Ohio Department of Education
DIVISION OF SPECIAL EDUCATION
933 High Street, Worthington, Ohio 43085

EAR - NOSE - THROAT EXAMINATION REPORT

Name of Child _____ School District _____ Birthdate _____

History (Birth, Developmental and Medical): _____

Ear, Nose and Throat Examination: _____

Diagnosis: _____

Medical Recommendation: _____

If your office has also completed an audiometric evaluation, please attach a copy of the audiogram.

Examiner _____

Professional Title _____

Address _____
(Street) (City) (State)

Date of Examination _____

Submit in Duplicate

Form SE 5.02
(Rev. 7/74)

ATTENTION:
CLINIC COORDINATOR

Ohio Department of Education
DIVISION OF SPECIAL EDUCATION
933 High Street, Worthington, Ohio 43085

REFERRAL OF VISUALLY IMPAIRED CHILD

From: _____
(Name of referring local school district) (County)

_____
(Mailing Address)

I. Identifying Data

A. Child's Name _____
Last First Middle

B. Sex _____ Birthdate _____ _____ Age _____
Year Month

C. Parents Name _____
Father Mother

D. Mailing Address _____

E. Telephone _____ Date Referred _____

II. Educational History

A. SCHOOLS ATTENDED	DATE	GRADES	TYPE OF SPECIAL PROGRAM

B. If child is not in school now give reasons:

_____

C. Standardized group test results:

Mental Ability	Achievement
Test _____	Test _____
Date _____	Date _____
Results _____	Results _____

III. Previous Studies:

Please attach copies of any previous studies completed.
If child is presently in an educational program, please attach a brief report from the child's present teacher(s) with comments concerning communication skills, and general behavior exhibited by the child.

IV. Purpose of Referral: _____

_____

V. Signature of Superintendent or Designated Representative:

_____ _____ _____
Date Title Signature

Ohio Department of Education
DIVISION OF SPECIAL EDUCATION
933 High Street, Worthington, Ohio 43085

Eye Examination Report

Name _____ Address _____

School _____ City _____ Grade ___ Birth Date _____ Sex ___

Visual Acuity without glasses: O.D. 20/_____ Near O.D._____ point

O.S. 20/_____ Near O.S._____ point

Visual Acuity with glasses: O.D. 20/_____ Near O.D._____ point

O.S. 20/_____ Near O.S._____ point

History:

Examination:

Diagnosis:

Recommendations for care:

Is the conditionary stationary?

Examiner _____

Professional Title _____

Address _____

_____

Date of Examination _____

Submit in Duplicate

Form SE (D-B)
(Rev. 7/74)

ATTENTION:
CLINIC COORDINATOR

Ohio Department of Education
DIVISION OF SPECIAL EDUCATION
933 High Street, Worthington, Ohio 43085

REFERRAL OF A HEARING & VISUALLY IMPAIRED CHILD (MULTI-HANDICAPPED)

From: _____
(Name of referring local school district) (County)

_____
(Mailing Address)

I. Identifying Data

A. Child's Name _____
Last First Middle

B. Sex _____ Birthdate _____ Age _____
Year Month

C. Parents Name _____
Father Mother

D. Mailing Address _____

E. Telephone _____ Date Referred _____

II. Educational History

A.

SCHOOLS ATTENDED	DATE	GRADES	TYPE OF SPECIAL PROGRAM

B. If child is not in school now give reasons:

_____

C. Standardized group test results:

Mental Ability		Achievement	
Test	_____	Test	_____
Date	_____	Date	_____
Results	_____	Results	_____

III. Previous Studies:

Please attach copies of any previous studies completed.
If child is presently in an educational program, please attach a brief report from the child's present teacher(s) with comments concerning communication skills, and general behavior exhibited by the child.

IV. Purpose of Referral: _____

_____

V. Signature of Superintendent or Designated Representative:

_____ _____ _____
Date Title Signature

Ohio Department of Education
DIVISION OF SPECIAL EDUCATION
933 High Street, Worthington, Ohio 43085

EAR - NOSE - THROAT EXAMINATION REPORT

Name of Child _____ School District _____ Birthdate _____

History (Birth, Developmental and Medical): _____

Ear, Nose and Throat Examination: _____

Diagnosis: _____

Medical Recommendation: _____

If your office has also completed an audiometric evaluation, please attach a copy of the audiogram.

Examiner _____

Professional Title _____

Address _____
(Street) (City) (State)

Date of Examination _____

Ohio Department of Education
DIVISION OF SPECIAL EDUCATION
933 High Street, Worthington, Ohio 43085

Eye Examination Report

Name _____ Address _____

School _____ City _____ Grade ___ Birth Date _____ Sex ____

Visual Acuity without glasses: O.D. 20/_____ Near O.D._____ point

O.S. 20/_____ Near O.S._____ point

Visual Acuity with glasses: O.D. 20/_____ Near O.D._____ point

O.S. 20/_____ Near O.S._____ point

History:

Examination:

Diagnosis:

Recommendations for care:

Is the conditionary stationary?

Examiner _____

Professional Title _____

Address _____

_____

Date of Examination _____

SUSPENSION AND DISMISSAL OF STUDENTS AT

THE OHIO STATE SCHOOL FOR THE BLIND AND

AT THE OHIO SCHOOL FOR THE DEAF

Policies regarding criteria and standards governing the admission of students to and transfer or dismissal from the two residential schools were also adopted by the State Board of Education on September 12, 1960. At their regular meeting in January, 1974, new policies governing temporary suspension and dismissal of students from the Ohio State School for the Blind and the Ohio School for the Deaf were adopted and read as follows:

"B. Transfer and Dismissal

Procedures:

When a student's conduct is such that it interrupts the learning process and the academic atmosphere of the school, or endangers fellow students, teachers, or other school personnel, or damages property, appropriate action must be taken. Upon occasion, transfer, suspension, or dismissal from the School for the Blind or the School for the Deaf may be necessary. When such is the case, the procedures outlined below will be followed:

a. Written notice shall be sent to the parent or guardian of the student stating the reasons for the proposed action within 48 hours of the time such action is taken.

b. Within 96 hours after the actual removal of the student from the school, the student and his parent or guardian will be provided an opportunity for a hearing to be held in the office of the Superintendent of the School for the Blind or the School for the Deaf.

c. This hearing shall be held before the Superintendent of the school. While the hearing is not intended to be a judicial procedure, it will provide a review of all factors associated with the action that has been taken or is proposed. Procedures may include the following:

c-1. A Review of the charges against the student will be presented.
c-2. A statement by the student or others in defense of the conduct may be presented.
c-3. An informal record or minutes of the hearing shall be kept.
c-4. The Superintendent shall, within 48 hours after the hearing, advise the student and his parents or guardian by mail of the action that has been taken.

c-5. The Superintendent shall forward a copy of his decision to the appropriate assistant superintendent of public instruction and to a Review Committee composed of the Director of the Division of Special Education and a member designated by the Superintendent of Public Instruction, with the Superintendent of the school as the third member.

d. If the parent or guardian is not in agreement with the Superintendent's action, appeal for a hearing before the Review Committee may be made in writing, within ten days following receipt of notice of the Superintendent's decision. The written appeal shall be made to the Superintendent of the school who shall promptly notify the appropriate assistant superintendent of public instruction.

e. The Review Committee shall be chaired by the Director of Special Education and shall hold such hearing within ten days after receipt of request by the appropriate assistant superintendent of public instruction. Notice of the decision of the Review Committee shall be forwarded to the appropriate assistant superintendent of public instruction.

f. The appropriate assistant superintendent of public instruction shall advise the student's parent or guardian of the Review Committee's decision and the superintendent of schools of the district in which the student's parent or guardian resides.

g. Within ten days after the receipt of the notice of the Review Committee's decision, the student's parent or guardian may request further consideration. Such request shall be made in writing and directed to the appropriate assistant superintendent of public instruction. Within ten days of receipt of the request, the assistant superintendent of public instruction will conduct a review of the factors and procedures related to the decision of the Review Committee and within ten days inform the student's parent or guardian and the superintendent of the school district in which the student's parent or guardian resides, of his decision.

h. If, within ten days, the parent or guardian so requests, the assistant superintendent will, within ten days of receipt of the request, arrange for a hearing and will transmit the decision within ten days to the parent or guardian and the superintendent of schools of the district of residence."